

**FAX COVER SHEET**

To: Examiner Petrik
Entity: USPTO
Fax Number: 571-273-8057
Voice Number: 571-272-8055
From: Kevin M. Farrell
Date and Time: August 16, 2006 11:10 AM
Total Pages: 16

Message:

Dear Examiner Petrik:

Pursuant to your telephone message of yesterday, attached please find a copy of the Amendment which we filed on May 8, 2006 with the Patent Office in regard to Application No.: 10/625,936.

Thank you.

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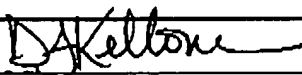
TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/625,936	
	Filing Date	July 24, 2003	
	First Named Inventor	Michael Lebner	
	Art Unit	3743	
	Examiner Name	BENNETT, Henry A.	
Total Number of Pages in This Submission	1	Attorney Docket Number	0156-2009US01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PIERCE ATWOOD LLP		
Signature			
Printed name	James M. McAleenan		
Date	5/8/06	Reg. No.	56,820

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Typed or printed name	Debra J. Kellom	Date	5/8/2006

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